COURT MANOR HEALTH/REHABILITATION

911 3RD STREET WEST

ASHLAND 54806 Phone: (715) 682-8172 Ownership: Corporation Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with CBRF? No Operate in Conjunction with Hospital? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 112 Total Licensed Bed Capacity (12/31/02): 150 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 103 Average Daily Census: 100

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	90				
Home Health Care	No	 Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38.8
Supp. Home Care-Personal Care	No					1 - 4 Years	38.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.8	More Than 4 Years	22.3
Day Services	No	Mental Illness (Org./Psy)	51.5	65 - 74	4.9		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	31.1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.9	85 - 94	46.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	10.7	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	1.9			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	6.8		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	14.6	65 & Over	93.2		
Transportation	No	Cerebrovascular	0.0			RNs	12.9
Referral Service	No	Diabetes	13.6	Sex	용	LPNs	7.8
Other Services	No	Respiratory	7.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	1.0	Male	32.0	Aides, & Orderlies	34.3
Mentally Ill	No			Female	68.0	1	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care		I	Managed Care			
Level of Care	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	οļο	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	250	67	83.8	97	1	100.0	145	11	100.0	142	0	0.0	0	1	100.0	325	90	87.4
Intermediate				13	16.3	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	13	12.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		80	100.0		1	100.0		11	100.0		0	0.0		1	100.0		103	100.0

COURT MANOR HEALTH/REHABILITATION

********	*****	*****	*****	*****	*****	*******	*****
Admissions, Discharges, and	Percent Distribution	of Residents'	Conditi	ons, Services	, and Activities as of 12/	31/02	
Deaths During Reporting Period							
	1				Needing		Total
Percent Admissions from:	1	Activities of	90	Ass	istance of	2	Number of
Private Home/No Home Health	10.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.9		58.3	38.8	103
Other Nursing Homes	3.7	Dressing	30.1		47.6	22.3	103
Acute Care Hospitals	80.6	Transferring	47.6		34.0	18.4	103
Psych. HospMR/DD Facilities	4.5		35.9		44.7	19.4	103
Rehabilitation Hospitals	0.0	Eating	74.8		15.5	9.7	103
Other Locations	0.7	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	134	Continence		용	Special Trea	tments	8
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	1.9	Receiving	Respiratory Care	7.8
Private Home/No Home Health	51.2	Occ/Freq. Incontinen	t of Bladder	47.6	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	32.0	Receiving	Suctioning	1.0
Other Nursing Homes	15.0				Receiving	Ostomy Care	1.9
Acute Care Hospitals	5.5	Mobility			Receiving	Tube Feeding	3.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving	Mechanically Altered Diets	15.5
Rehabilitation Hospitals	0.0				_	_	
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	28.3	With Pressure Sores		6.8	Have Advan	ce Directives	81.6
Total Number of Discharges	1	With Rashes		14.6	Medications		
(Including Deaths)	127				Receiving	Psychoactive Drugs	26.2
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	_, ,	Ownership:			Size:		ensure:		_		
	This	Pro	prietary	100	-199	Ski	lled	All			
	Facility	Facility Peer		Peer	Group	Peer	Group	Faci	lities		
	90	%	Ratio	엉	Ratio	olo	Ratio	용	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	66.7	80.0	0.83	82.4	0.81	83.3	0.80	85.1	0.78		
Current Residents from In-County	78.6	73.3	1.07	79.0	1.00	75.8	1.04	76.6	1.03		
Admissions from In-County, Still Residing	24.6	19.2	1.29	21.3	1.16	22.0	1.12	20.3	1.21		
Admissions/Average Daily Census	134.0	136.0	0.98	130.4	1.03	118.1	1.13	133.4	1.00		
Discharges/Average Daily Census	127.0	138.5	0.92	132.8	0.96	120.6	1.05	135.3	0.94		
Discharges To Private Residence/Average Daily Cens	sus 65.0	59.1	1.10	58.2	1.12	49.9	1.30	56.6	1.15		
Residents Receiving Skilled Care	87.4	93.4	0.94	93.4	0.94	93.5	0.93	86.3	1.01		
Residents Aged 65 and Older	93.2	95.9	0.97	94.2	0.99	93.8	0.99	87.7	1.06		
Title 19 (Medicaid) Funded Residents	77.7	73.2	1.06	73.9	1.05	70.5	1.10	67.5	1.15		
Private Pay Funded Residents	10.7	16.8	0.64	17.0	0.63	19.3	0.55	21.0	0.51		
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	0.7	0.00	7.1	0.00		
Mentally Ill Residents	51.5	33.7	1.53	34.5	1.49	37.7	1.36	33.3	1.54		
General Medical Service Residents	1.0	19.3	0.05	19.0	0.05	18.1	0.05	20.5	0.05		
Impaired ADL (Mean)	41.9	46.1	0.91	48.0	0.87	47.5	0.88	49.3	0.85		
Psychological Problems	26.2	51.2	0.51	51.4	0.51	52.9	0.50	54.0	0.49		
Nursing Care Required (Mean)	6.4	7.2	0.90	6.8	0.94	6.8	0.95	7.2	0.89		